

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # N30215

1. Entity Name
**REGINA LYNN RANCHES HOMEOWNERS ASSOCIATION
INC.**



Principal Place of Business
**15150 S.W. 24TH PLACE
DAVIE, FL 33326 US**

Mailing Address
**15150 S.W. 24TH PLACE
DAVIE, FL 33326 US**



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRODEY, ARCHIE F
15150 S.W. 24 PLACE
DAVIE, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000783865
01/16/08-80031-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODEY, ARCHIE 15150 S.W. 24 PLACE DAVIE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLUMPP, ANDREAS 15200 SW 24 PL DAVIE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCPHERSON, HEIDI 15300 SW 24 PLACE DAVIE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRODEY, DEIRDRE 15250 S.W. 24TH PLACE DAVIE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLUMP, LENYS 15200 S.W. 24 PL DAVIE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Archie F Brodey Archie F Brodey

1-8-08

9542365129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #